PTO/SB/21 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Thing Emergence Reduction Act of 1995. no person	Application Number	10/824,317	
TRANSMITTAL	Filing Date	April 8, 2004	7
FORM	First Named Inventor	Gregory W. Hoverson	
	Art Unit	1724	
(to be used for all correspondence after initial filing)	Examiner Name	Richard L. Chiesa	
Total Number of Pages in This Submission	Attorney Docket Number	4695-00097	

ENCLOSURES (Check all that apply)							
√		smittal Form	✓	Drawing(s) Licensing-related Papers			After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences
	Amendme A Extension Express A Information Certified Documer Reply to Incomple	fter Final ffidavits/declaration(s) n of Time Request Abandonment Request on Disclosure Statement Copy of Priority	Ren	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on Conarks	e Address	Re	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Eturn Receipt Postcard
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Andrus, Sceales, Starke & Sawall, LLP							
Signature Michael 5. Jaken							
Printe	Michael E. Taken						
Date 04/25/2006			Reg		28,1	120	
CERTIFICATE OF TRANSMISSION/MAILING							

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Date 04/25/2006

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PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: 10/824,317
Applicant: Gregory W. Hoverson et al.

Filed : April 8, 2004

Title : Multistage Space-Efficient

Electrostatic Collector

TC/A.U. : 1724

Examiner: Richard L. Chiesa

Docket No. : 4695-00097

CERTIFICATE OF MAILING

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Jo Ann Kuczynski 4-25-06

Date

TRANSMISSION OF FORMAL DRAWINGS

Commissioner for Patents Mail Stop - Amendment - Fee P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the formal drawings, namely 3 sheets containing Figs.

1-3.

Respectfully submitted,

ANDRUS, SCEALES, STARKE & SAWALL, LLP

By Muchel J. Jakan

Michael E. Taken

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PTO/SB/17 (01-06)

Fees Paid (\$)

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persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Paperwood Complete if Known Fees pursuant to the Consol propriations Act, 2005 (H.R. 4818) Application Number 10/824,317 FEE TRANSMITTA Filing Date April 8, 2004 For FY 2006 First Named Inventor Gregory W. Hoverson **Examiner Name** Richard L. Chiesa Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1724 \$400.00 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 4695-00097 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 01.2000 Deposit Account Name: GE Medical Systems - IT For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES EXAMINATION FEES** SEARCH FEES **Small Entity** Small Entity Small Entity Fee (\$) Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 250 100 200 130 Design 100 100 50 65 Plant 200 100 300 160 80 150 300 150 500 250 600 300 Reissue Provisional 200 100 0 0 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) \$0.00 16 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) 2 \$200.00 \$400.00 _ X HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) Total Sheets \$0.00 (round up to a whole number) x

SUBMITTED BY							
Signature	michael E. Jaken	Registration No. (Attorney/Agent) 28,120	Telephone 414-271-7590				
Name (Print/Type)	Michael E. Taken		Date 04/25/2006				

4. OTHER FEE(S)

Other (e.g., late filing surcharge):

Non-English Specification, \$130 fee (no small entity discount)

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